

**REQUEST FOR REASONABLE  
ADA ACCOMMODATION**  
Employee/Applicant

Employee/Applicant's Name:

Position:

Address:

City/State:

Zip Code:

Work Location:

Work Telephone:

Date of Request for Accommodation:

**ADA Accommodation Request**

Please print or type. Be as specific as possible. If required, attach additional comments.

**The attached form (JHRD – 202) provided by my health care provider certifies the need for the requested ADA accommodation.**

Employee/Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***For Office Use Only***

Date Request Received: \_\_\_\_\_

Action Taken: \_\_\_\_\_

Administrative Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Copy to:

- ☐ ADA Coordinator/Administrative Official  
☐ Judiciary Human Resources Department, Employee Relations